

2002 UNIFORM BUSINESS REPORT (UBR)

0047280

DOCUMENT # M97000000614

1. Entity Name

BUFFALO-NEPTUNE BEACH SPE, LLC

FILED

02 MAY 10 AM 8:52

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

570 DELAWARE AVENUE
BUFFALO NY 14202

Mailing Address

570 DELAWARE AVENUE
BUFFALO NY 14202

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

16-1538676

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGR ☐ Delete
NAME BALDAUF, DAVID H
STREET ADDRESS 570 DELAWARE AVENUE
CITY-ST-ZIP BUFFALO NY 14202

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME BENDERSON, RONALD
STREET ADDRESS 570 DELAWARE AVENUE
CITY-ST-ZIP BUFFALO NY 14202

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME BENDERSON, RANDALL
STREET ADDRESS 570 DELAWARE AVENUE
CITY-ST-ZIP BUFFALO NY 14202

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME FLEISCHMANN, PETER
STREET ADDRESS 787 DELAWARE AVE.
CITY-ST-ZIP BUFFALO NY 14209

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

DAVID H. BALDAUF

SIGNATURE: *David H. Baldauf* **SIGNATURE REQUIRED MANAGER**

4/30/02

716.886.0211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)